

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

(Please type or print in black or blue ink)

(A) NAME OF ORGANIZATION OR ESTABLISHMENT			(B) LOCATION OR ADDRESS OF EVENT (ONLY ONE)		
(C) CONTACT PERSON			(D) CONTACT PERSON PHONE #		FAX PHONE #
DAY	(E) DATE OF EVENT	(F) TIME OF EVENT	DAY	(E) DATE OF EVENT	(F) TIME OF EVENT
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		
(G) NAME OF APPROVED KITCHEN (COMMISSARY)		(H) STREET ADDRESS OF KITCHEN			(I) PERMIT NO.
KITCHEN USE AUTHORIZED BY: (J) (OR ATTACH LETTER OF AUTHORIZATION)					
(K) SIGNATURE OF AUTHORIZED PERSON			(L) KITCHEN PHONE NUMBER		
(M) PRINT NAME OF AUTHORIZED PERSON			(N) TITLE		

(O) LIST FOOD ITEMS. NO HOME PREPARED FOOD. REMINDER: KEEP HOT FOOD ABOVE 140°F. KEEP COLD FOOD BELOW 45°F.		

(CONTINUE FOOD ITEMS ON A SEPARATE PAPER IF NEEDED)

(P) ATTACH: SITE PLAN – INCLUDE HAND WASHING FACILITIES, BOOTH LAYOUT

The Sanitation Branch, Department of Health reserves the right to deny your Temporary Food Establishment Permit or revoke the permit for failure to comply with the sanitary requirements of Hawaii Administrative Rules, Title 11, Department of Health, Chapter 12, Food Establishment Sanitation. The permit applicant may be required to submit a complete menu and schematic plan of the proposed operation.

THIS PERMIT IS ONLY VALID FOR TWENTY (20) DATES IN ANY 120 DAY PERIOD

_____ (Q) DATE	_____ (R) SIGNATURE OF APPLICANT
_____ (S) TITLE	_____ (T) PRINT NAME OF APPLICANT

FEE \$25.00 NON REFUNDABLE SUBMIT APPLICATION AND FEE AT LEAST TEN WORKING DAYS PRIOR TO EVENT

MAKE CHECKS PAYABLE TO: **STATE OF HAWAII** (BANK ACCOUNT NAME AND ADDRESS MUST BE ON THE CHECK)

SUBMIT COMPLETED APPLICATION AND FEE TO: **SANITATION BRANCH
81-980 HALEKII STREET, #103
KEALAKEKUA, HI 96750**

THERE WILL BE A SERVICE FEE OF \$25.00 FOR ANY CHECK DISHONORED BY THE BANK.

APPROVED:

_____ DATE	_____ SIGNATURE OF AGENT/DEPARTMENT OF HEALTH	_____ R.S. LIC. NO.	Department of Health Seal
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SECTION BELOW FOR OFFICIAL HEALTH DEPARTMENT USE ONLY

FEE \$25.00	DATE PAID	METHOD OF PAYMENT	RECEIPT NO.	RECEIVED BY
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INSTRUCTIONS FOR TEMPORARY FOOD PERMIT APPLICATIONS

- *All establishments, organizations, or individuals distributing or selling food to the public for a limited period of time (not exceeding 20 dates within a 120 day period) are required to submit a Temporary Food Establishment Permit Application to the Department of Health, Sanitation Branch. **Applications will not be processed if the form is incomplete.***
 - *Applications and \$25.00 fee should be submitted at least ten (10) working days prior to event.*
 - *All exemptions will be decided by the Department of Health Sanitation Branch.*
 - ***Approved permit may be picked-up OR faxed OR mailed to you (include a self-addressed, stamped envelope with the application).***
- A. NAME OF ORGANIZATION OR ESTABLISHMENT: Name of organization or establishment administering the food operation. Each permit applies to **one (1) organization or establishment only.**
- B. LOCATION OR ADDRESS OF EVENT: Site of food distribution is being held. Each permit applies to **one (1) location.**
- C. CONTACT PERSON: Name of person(s) representing the organization or establishment.
- D. CONTACT PHONE OR FAX NUMBER: Phone number of person(s) representing the organization or establishment.
- E. DATE OF EVENT: One date per line (Maximum of 20 dates within a 120 day period, starting from the date of the first event).
- F. TIME OF EVENT: Start to end time of event.
- G. NAME OF APPROVED KITCHEN (COMMISSARY): Name of approved commercial kitchen (commissary) where food preparation, food storage, utensil washing, etc. will be done.
The proposed approved kitchen (commissary) must still be approved by the Department of Health for the temporary food event. Home kitchens are not acceptable for use.
- H. STREET ADDRESS OF KITCHEN: Street address of approved commercial kitchen (commissary) where food preparation, food storage, utensil washing, etc. will be done.
- I. PERMIT NO.*: Permit number of the approved commercial kitchen (commissary) where food preparation, food storage, utensil washing, etc. will be done.
*Permit number issued by the State Department of Health.
- J. (OR ATTACH LETTER OF AUTHORIZATION): Instead of having the Authorized Person sign the application, a letter of authorization from the person in charge of the kitchen may be submitted which must include information G, H, I, K, L, M, and N.
- K. SIGNATURE OF AUTHORIZED PERSON: Signature of person giving permission to use the approved commercial kitchen (commissary).
- L. KITCHEN PHONE NUMBER: Phone number of approved commercial kitchen (commissary).
- M. PRINT NAME OF AUTHORIZED PERSON: Print name of “(K) Signature of Authorized Person.”
- N. TITLE: Title of “(K) Signature of Authorized Person.”
- O. LIST OF FOOD ITEMS: All food and drink items being sold or distributed at the event (in the case of “BBQ” chicken sales, include the number of pieces of half or whole chickens to be sold).
- P. SITE PLAN, BOOTH LAYOUT: On a separate paper draw a site plan and indicate the booth where food will be distributed including handwashing facilities, warmers, burners, cookers, etc.
- Q. DATE: Date submitting application.
- R. SIGNATURE OF APPLICANT: (Applicant and contact person need not be the same person).
- S. TITLE: Title of “(R) Signature of Applicant.”
- T. PRINT NAME OF APPLICANT: Print name of “(R) Signature of Applicant.”